



**REQUEST FOR DISMISSAL FORM**  
**New Jersey No-Fault Automobile Arbitration**

Date: \_\_\_\_\_

AAA Case No. 18 Z 600 \_\_\_\_\_

**Requesting Party** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Your file #: \_\_\_\_\_

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**Request Type:**

- ☐ (a) the requirements set forth in the applicable insurance policy have not been met. A complete copy of pertinent policy provision is attached.
- ☐ (b) there is no coverage. Complete copies of all documents, including pertinent policy provisions that support this contention are attached.
- ☐ (c) the Association lacks subject matter jurisdiction.

**All proofs and supporting documentation must be clearly identified and attached.**

**Facts and Contentions:** Please provide a separate document setting forth your facts and contentions.

**Documents attached:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

☐ **An original and two (2) copies of this Request for Dismissal, together with two (2) copies of all submissions, are enclosed along with the \$100.00 filing fee.**